

Montana Board of Social Work Examiners and Professional Counselors
301 South Park, 4th Floor, PO Box 200513
Helena, Montana 59620-0513
(406) 841-2392 FAX: (406) 841-2305
E-Mail: dlibsdsdp@mmt.gov
Website: www.swpc.mt.gov

APPLICATION PROCEDURES FOR CLINICAL SOCIAL WORK SCIENCE

PLEASE ALLOW 10 TO 14 WORKING DAYS FOR PROCESSING AFTER RECEIPT OF ALL REQUIRED DOCUMENTATION

This application is used for Montana Clinical Social Work License, Application and Exam, and the Montana Clinical Social Work License, Licensure without exam (individuals must hold a current, valid social work license in another state).

REQUIREMENTS FOR LICENSURE:

- Academic Requirements: Master's in Social Work, (MSW) or Doctorate in Social Work (DSW) from a college or university accredited by the Council on Social Work Education (CSWE). Montana does not license individuals with a bachelor's degree in Social Work. An official transcript must sent to the Board Office directly from your college or university.
- Supervised Post-Degree Experience Hours: (8.61.402, ARM) 3,000 hours of psychotherapy or clinical social work services done in the past five years and completed in not less than 24 months, documented on the Supervisory Report form and the Supervision Summary form included in this packet.
 - a. 3,000 hours supervised by a licensed social worker; or 1,500 hours supervised by a licensed social worker and 1,500 hours supervised by a licensed psychologist or psychiatrist.
 - b. 100 documented hours of individual and/or group supervision
 - i. 50 of these hours shall be individual and face-to-face by an LCSW
 - ii. 10 hours of direct observation of service delivery
 - c. No more than 160 hours of experience shall transpire without at least two (2) hours of supervision.
 - d. The total requirement (3,000 hours) shall be completed at the time of application and documented on the forms provided in the application packet (Supervisory Report Form and Supervision Summary).
- Reference/Nomination Letters: Three (3) current letters from licensed social workers, licensed psychologists or licensed psychiatrists. The letters must be written directly to the Board, attesting to the applicant's professional performance. A supervisor of the applicant must write at least one of the letters. You may use the sample format for reference/nomination letters provided.
- Application: Application must be made on Montana's forms. All forms in the packet must be completed. No other State's licensing application forms will be accepted as a substitute.
- Application Review: A complete application needs to be received by the Board office at least two weeks before the next scheduled Board meeting to be reviewed at that meeting.

FEES FOR LICENSURE: All fees are non-refundable

- **\$50.00** Application Fee (paid with the application)
- **\$175.00** Examination Fee (paid directly to the testing service)
- **\$50.00** Original license fee (paid with a copy of score report)

APPLICATION PROCEDURES AND SUPPORTING DOCUMENTS: The following information and/or documentation is required. **A license will not be issued until all materials are received and approved.**

- Application form, completed, signed and notarized.
- Supervisory Experience Forms completed and signed by the applicant and supervisor. Supervisor's signature must be notarized.
- Official graduate transcripts directly from the school to the Board office.
- Three reference/nomination letters addressed directly to the Board office from licensed social workers, psychologists or psychiatrists, dated within 3 months of the application.
- Verification of licensure, if applying for licensure from another state, from each state in which you currently hold or have ever held a license.

APPLICATION APPROVAL PROCESS: The Board meets four times per year to review applications. Completed applications must be reviewed by the Board office at least two weeks prior to the next scheduled Board meeting date in order to be reviewed.

SOCIAL WORK EXAMINATION INFORMATION: The Social Work Examination is given twice per month in Helena and Billings. The applicant is sent a notice of Board approval and is requested to make an appointment to take the examination at their convenience. Approved applicants have one calendar year from the date approved to take the exam.

Place Current
Photograph
Here

**MONTANA BOARD OF SOCIAL WORK EXAMINERS
& PROFESSIONAL COUNSELORS**

301 South Park, 4th Floor, P. O. Box 200513
Helena, Montana 59620-0513
PHONE (406) 841-2392 FAX (406) 841-2305
E-mail: dlibsdsdp@mt.gov
Web Site: <http://www.swpc.mt.gov>

For Office Use Only

Application:

Date Received: _____
Check No. _____
Amount _____

Original License:

Date Received _____
Check No. _____
License No. _____
License Date _____

APPLICATION FOR LICENSURE AS CLINICAL SOCIAL WORKER

Application by:

- ☐ **Examination**
☐ **Reciprocity**

1. FULL NAME: _____
Last First Middle

2. OTHER NAME(S) KNOWN BY _____

3. BUSINESS NAME: _____

4. BUSINESS ADDRESS _____
Street or PO Box# City and State Zip

5. HOME ADDRESS _____
Street or P.O. Box # City and State Zip

PREFERRED MAILING ADDRESS ☐ Business ☐ Home E-MAIL ADDRESS _____

6. TELEPHONE: (____) _____ (____) _____ (____) _____
Business Home Fax

7. SOCIAL SECURITY NUMBER _____ FOREIGN ID NUMBER _____

8. DATE OF BIRTH _____ PLACE OF BIRTH _____
City/State ☐ MALE ☐ FEMALE

9. LICENSE NAME _____
(State your name as it should appear on the license if granted.)

Please answer the following questions. If you answer yes, give specific details (names of organizations, dates, reasons, and outcome) on a Supplement Sheet.

10. If taking an examination, do you have any physical or mental impairment(s) requiring special accommodation(s)? If yes, attach a detailed explanation from your physician. ☐ Yes ☐ No

11. Have you ever taken the licensure examination in Montana or any other state? If yes, give state, date, and results. ☐ Yes ☐ No

12. Have you ever been denied the right to take this profession's licensing examination in any state? If yes, attach a detailed explanation. ☐ Yes ☐ No

13. List all professional/occupational licenses, registrations, or certificates granted to you.

State/Province/Territory	License Number	Date Issued	Current	Type of License

14. Has a licensing agency ever taken adverse or disciplinary action against your license (certificate)? If yes, attach a detailed explanation. ☐ Yes ☐ No
15. Has your license (certificate) ever been forfeited or surrendered? If yes, attach a detailed explanation. ☐ Yes ☐ No
16. Has a complaint ever been made against you alleging unethical behavior or unprofessional conduct? If yes, attach a detailed explanation. ☐ Yes ☐ No
17. Have you ever been expelled from or asked to resign from any professional organization or been censured by a professional organization of which you were a member? If yes, attach a detailed explanation. ☐ Yes ☐ No
18. Do you have criminal charges pending or have you ever pled guilty or been convicted of a crime (including a plea of no contest or deferred prosecution) relating to, or committed during the course of your professional practice, or involving violence, use or sale of drugs, fraud, deceit, or theft, whether or not an appeal is pending? You may omit: (1) traffic violation for which you paid a fine of \$100.00 or less and (2) charges or convictions prior to your 16th birthday. If yes, attach a detailed explanation. ☐ Yes ☐ No
19. Have you ever been charged with fraud, formally or informally, in any civil proceeding? If yes, attach a detailed explanation. ☐ Yes ☐ No
20. Have you any physical or mental condition which has in the past three years adversely affected your ability to practice this profession including but not limited to, a contagious or infectious disease involving serious risk to the public? If yes, attach a detailed explanation. ☐ Yes ☐ No
21. Have you, within the last three years, used alcohol or any other mood-altering substance in a manner which adversely affected your ability to practice this profession? If yes, attach a detailed explanation. ☐ Yes ☐ No
22. Has any legal or disciplinary action been filed against you which relates to the propriety or your fitness to practice this profession? If yes, attach a detailed explanation. ☐ Yes ☐ No

23. EDUCATION:

List all colleges, universities, and institutions where you have obtained an official degree

College/University	Degree Obtained	Date Degree Awarded

24. REFERENCES OF CHARACTER AND QUALIFICATIONS

Applicants will give the name, address, and license number of not less than three (3) licensed social workers, psychologists or psychiatrists unrelated to the applicant, who can verify the character of the applicant.

Name/Relation	License #	Address	Business
1.			
2.			
3.			

25. MEMBERSHIPS IN SOCIETIES, ASSOCIATES OR INSTITUTIONS, IF ANY

Name of Organization	Location	Grade of Membership	Dates

26. RESUME OF EXPERIENCE

DATES: From _____ To _____ ORGANIZATION _____

EXACT TITLE _____ HRS PER WEEK _____ TOTAL HRS THIS JOB _____

DESCRIPTION OF WORK (include only experience relating to 3,000 hours)

NAME AND TITLE OF IMMEDIATE SUPERVISOR: _____

DATES: From _____ To _____ ORGANIZATION _____

EXACT TITLE _____ HRS PER WEEK _____ TOTAL HRS THIS JOB _____

DESCRIPTION OF WORK (include only experience relating to 3,000 hours)

DATES: From _____ To _____ ORGANIZATION _____

EXACT TITLE _____ HRS PER WEEK _____ TOTAL HRS THIS JOB _____

DESCRIPTION OF WORK (include only experience relating to 3,000 hours)

NAME AND TITLE OF IMMEDIATE SUPERVISOR: _____

DATES: From _____ To _____ ORGANIZATION _____

EXACT TITLE _____ HRS PER WEEK _____ TOTAL HRS THIS JOB _____

DESCRIPTION OF WORK (include only experience relating to 3,000 hours)

NAME AND TITLE OF IMMEDIATE SUPERVISOR: _____

DATES: From _____ To _____ ORGANIZATION _____

EXACT TITLE _____ HRS PER WEEK _____ TOTAL HRS THIS JOB _____

DESCRIPTION OF WORK (include only experience relating to 3,000 hours)

NAME AND TITLE OF IMMEDIATE SUPERVISOR: _____

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SOCIAL WORK SUPERVISORY REPORT FORM

APPLICANT NAME _____

SUPERVISOR NAME _____ License.No. _____

CONTENT SUMMARY OF EXPERIENCE: NO MORE THAN 160 HOURS SHALL TRANSPIRE WITHOUT THE SUPERVISOR PROVIDING 2.0 SUPERVISORY HOURS (FACE-TO-FACE)

This form must contain 100 supervisory hours of individual or group supervision by a qualified supervisor. 50 of these hours shall be face-to-face consultation with the supervisor, At least 10 of which should include direct observation of the service delivery.

Each session shall be documented with the following information:

1. Date and length (in increments not less than 15 minutes)
2. Names of Applicant and Supervisor (including type of license and number)
3. Signatures of both Applicant and Supervisor
4. Content Summary of Session (excluding confidential information).

DATE - TIMES - CONTENT

As supervisor, I attest that I am not a relative of the applicant, or in a financially dependent relationship with the applicant. I agree to supervise the applicant for the time period of _____

Financial Compensation (if any): _____

date content (suggested format)

Frequency and Method of Supervision: _____

Statement of Confidentiality: This form is to be reviewed by the Board Members only for the purpose of meeting the Montana Social Work Licensure Requirements, and is not public information.

Supervisor's Qualifications: _____

Applicant's Signature and Date

Supervisor's Signature and Date

You may make as many copies of this form as needed to document the 3,000-hour requirement

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SOCIAL WORK SUPERVISION SUMMARY

1. 50% of 100 hours individual and face-to-face. Total Hours: _____
Log entry dates and times:

2. 10 hours direct observation of the service delivery. Total Hours: _____
Log entry dates and times:

3. Number of hours of supervision satisfactorily completed under each qualified supervisor:
Number of hours _____
Supervisors signature _____ Date _____
License & Degree _____

As Supervisor, would you recommend the applicant for Licensure? _____
(Please answer yes or no - and if no, please state why on the back of this form)

4. Applicant Signature _____ Date _____

Process of Supervision:

The supervisor shall:

1. Be a qualified supervisor as determined by the Board and provide verification of this qualification to the supervisee.
The supervisor shall maintain this credential for the duration of the supervision.
2. Provide supervision on the agreed-upon basis.
3. Provide a reference letter as specified in 8.61.402, MCA.
4. Conduct supervision with a focus on the supervisee's clinical work and professional development.
5. Conduct supervision as a professional endeavor, making a reasonable effort to ensure the supervisee's competence in practice.
6. Conduct supervision according to the Code of Ethics.
7. Complete the supervisor's portion of the Social Work Supervision Summary.
8. Co-sign the Social Work Supervision Log at the times of supervision.

The supervisee shall:

1. Attend supervision on the agreed upon basis.
2. Keep the Social Work Supervision Log.
3. Provide appropriate clinical material for supervision which is representative of the supervisee's practice or of the specialty where more guidance and direction is needed.
4. Participate in supervision with a goal of increasing competency in clinical social work practice and in accordance with the Code of Ethics.
5. Request on-going and final evaluation of clinical social work skills from the supervisor.

Supervisor's Signature

Date

Supervisee's Signature

Date

AFFIDAVIT

PLEASE READ CAREFULLY

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Social Work Examiners and Professional Counselors.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application.

I hereby declare that if a Montana Clinical Social Work license is issued to me, I agree to conduct myself in accordance with the laws of Montana and the rules of the Board of Social Work Examiners and Professional Counselors.

Legal Signature of Applicant

Date

Subscribed and sworn to me by this _____ day of _____, _____

At _____
City and State

SEAL

Notary Public

For the State of

My commission expires _____, _____.

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Social Work Reference/Nomination Letter Format

DATE _____
(Should be within three months of application date)

TO: Montana Board of Social Work Examiners and Professional Counselors
301 SOUTH PARK, 4TH FLOOR
PO Box 200513
Helena, MT 59620-0513

RE: Social Work Licensure Application of _____
(Applicant's Name)

Dear Board Members:

I do {do not} recommend (or nominate) _____
(Name of applicant)

Reasons for nomination/recommendation: _____

I am licensed as a _____, license number: _____,
(Social Worker, Psychologist, or Psychiatrist)

My degree is _____
(Master's or Doctorate)

(_____) _____
Signature Telephone (during working hours)

(please print name)

Address City State Zip

Please submit this form to the Board office at the address listed above.

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VERIFICATION FOR LICENSURE for
SOCIAL WORK & PROFESSIONAL COUNSELING

PART I - Applicant - Complete the top of this page and forward to each state in which you currently hold or have ever held a license.

NAME:(LAST, FIRST, MIDDLE, MAIDEN) _____

CURRENT ADDRESS: _____
Mailing Address City State Zip

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH _____

NAME AS IT APPEARS ON ORIGINAL LICENSE: _____

Original State of Licensure	Date Issued:
Current State of Licensure:	Date Issued:
Other States Licensed:	

PART II: Licensing Board: Please complete and return to Montana Board at the address listed at the top of this form.

	LICENSE #	DATE ISSUED	EXPIRATION DATE
PROFESSIONAL COUNSELOR	_____	_____	_____
SOCIAL WORKER	_____	_____	_____
OTHER LICENSE	_____	_____	_____

EXAMINATION SCORES: Applicant's Score _____ Cut off score _____

COUNSELING: NCE: _____ NCMHCE: _____ OTHER: _____

SOCIAL WORK: ASWB CLINICAL: _____ ADVANCED _____

Has any disciplinary action been taken against the licensee? _____ (If so, please attach an explanation)

Are there any complaints and/or legal action pending against the licensee? _____ (If so, please attach explanation)

Signature Title

BOARD SEAL

Name of Licensure Board

Telephone # Date